

Case Number:	CM13-0021254		
Date Assigned:	11/08/2013	Date of Injury:	02/11/2002
Decision Date:	01/02/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The California MTUS/ACOEM indicates that guidelines for an MRI for patients with chronic elbow pain and no abnormal findings on plain films, who are suspected to have an unstable osteochondral injury, nerve entrapment or mass, chronic epicondylitis, collateral ligament tear, biceps tendon tear or bursitis. There is no indication that radiographs have been taken of the patient's elbow. Furthermore, the request for evaluation of the median nerve is not consistent with the patients symptoms of decreased sensation in her fourth and fifth digits which is consistent with ulnar nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Single position MRI of the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: The California MTUS/ACOEM indicates that guidelines for an MRI for patients with chronic elbow pain and no abnormal findings on plain films, who are suspected to have an unstable osteochondral injury, nerve entrapment or mass, chronic epicondylitis, collateral ligament tear, biceps tendon tear or bursitis. There is no indication that radiographs

have been taken of the employee's elbow. Furthermore, the request for evaluation of the median nerve is not consistent with the patients symptoms of decreased sensation in her fourth and fifth digits which is consistent with ulnar nerve entrapment. The request for a single positional MRI of the right elbow.